

ISSUED 'A' #02985

Department of Public Health and Social Services
Division of Environmental Health

Food Establishment Inspection Report

Page 1 of 1

INSPECTION	R5N	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	8/15/2020	CARABAO BREWING
Follow-up				TIME IN 7:45	TIME OUT 8:34
Complaint			RATING	PERMIT HOLDER	
Investigation			A	GUAM BREWING CO INC	
Other:				LOCATION (Address)	
				200-700411	
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations
RESTAURANT			4	962-2337	8
					RISK CATEGORY
					3

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS
Supervision					
1	IN	OUT			6
Person in charge present, demonstrates knowledge, and performs duties					
Employee Health					
2	IN	OUT			6
Management awareness; policy present					
3	IN	OUT			6
Proper use of reporting, restriction & exclusion					
Good Hygienic Practices					
4	IN	OUT	N/A	N/O	6
Proper eating, tasting, drinking, betelnut, or tobacco use					
5	IN	OUT	N/A	N/O	6
No discharge from eyes, nose, and mouth					
Preventing Contamination by Hands					
6	IN	OUT	N/A	N/O	6
Hands clean and properly washed					
7	IN	OUT	N/A	N/O	6
No bare hand contact with ready-to-eat foods or approved alternate method properly followed					
8	IN	OUT			6
Adequate handwashing facilities supplied & accessible					
Approved Source					
9	IN	OUT			6
Food obtained from approved source					
10	IN	OUT	N/A	N/O	6
Food received at proper temperature					
11	IN	OUT			6
Food in good condition, safe, and unadulterated					
12	IN	OUT	N/A	N/O	6
Required records available: shellstock tags, parasite destruction					
Protection from Contamination					
13	IN	OUT	N/A		6
Food separated and protected					
14	IN	OUT	N/A		6
Food contact surfaces: cleaned & sanitized					
15	IN	OUT			6
Proper disposition of returned, previously served, reconditioned, and unsafe food					

Compliance Status			COS	R	PTS
Potentially Hazardous Food (TCS Food)					
16	IN	OUT	N/A	N/O	6
Proper cooking time and temperatures					
17	IN	OUT	N/A	N/O	6
Proper reheating procedures for hot holding					
18	IN	OUT	N/A	N/O	6
Proper cooling time and temperatures					
19	IN	OUT	N/A	N/O	6
Proper hot holding temperatures					
20	IN	OUT	N/A		6
Proper cold holding temperatures					
21	IN	OUT	N/A	N/O	6
Proper date marking and disposition					
Consumer Advisory					
22	IN	OUT	N/A		6
Consumer Advisory provided for raw or undercooked foods					
Highly Susceptible Populations					
23	IN	OUT	N/A		6
Pasteurized foods used; prohibited foods not offered					
Chemical					
24	IN	OUT	N/A		6
Food additives: approved and properly used					
25	IN	OUT			6
Toxic substances properly identified, stored, used					
Conformance with Approved Procedures					
26	IN	OUT	N/A		6
Compliance with variance, specialized process, and HACCP plan					

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box; If numbered item is not in compliance and/or if COS and/or R, COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS
Safe Food and Water					
27		Pasteurized eggs used where required			1
28		Water and ice from approved source			2
29		Variance obtained for specialized processing methods			1
Food Temperature Control					
30		Proper cooling methods used; adequate equipment for temperature control			1
31		Plant food properly cooked for hot holding			1
32		Approved thawing methods used			1
33		Thermometer provided and accurate			1
Food Identification					
34		Food properly labeled; original container			1
Prevention of Food Contamination					
35		Insects, rodents, and animals not present			2
36		Contamination prevented during food preparation, storage & display			1
37		Personal cleanliness			1
38		Wiping cloths: properly used and stored			1
39		Washing fruits and vegetables			1

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign): Corey Earls Date: 8-15-2020

DEH Inspector (Print and Sign): EPD I Follow-up (Circle one): YES Follow-up Date:



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
PUBLIC AND PRIVATE PREMISES
INSPECTION REPORT**

NAME: (OWNER, LESSEE, OCCUPANT, ETC.) CARABO BREWING - GUAM BREWING CO INC.		ADDRESS: Lot #, street name, house/apt. #, building name: 140 ASPINAL AVE STE 101
INSPECTION/INVESTIGATION DATE: AUGUST 15, 2020	COMPLAINT #:	MUNICIPALITY/VILLAGE; SUBDIVISION: HAGATNA

THE FOLLOWING CHECKED ITEMS REPRESENT VIOLATIONS OF THE CORRESPONDING SECTIONS OF TITLE 10, GUAM CODE ANNOTATED

SECTION #	REMARKS	Not Observed	Corrected on the Spot (COS)	Repeat
	An assessment of the above-mentioned facility was conducted on this day to determine compliance with DPHSS Guidance Memorandum 2020-25 (June 22, 2020) during the COVID-19 emergency.			
	The following violations were observed and deemed a public nuisance:			
<input type="checkbox"/>	1. Failed to require and enforce mandatory use of face masks with employees/customers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	2. Failed to enforce social distancing of a minimum of 6 feet between individuals in the interior and exterior premises of the property of the business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	3. Failed to <u>post</u> appropriate signage for face masks and <u>social distancing</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4. Failed to have a policy in place for the frequent cleaning of all surfaces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	5. Failed to have and present an organization-specific guidance plan in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	6. Failed to properly maintain the required occupant load of _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	7. Failed to adhere to the authorized number for social gatherings on business premises.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	8. Failed to adhere to the requirements outlined in DPHSS Guidance Memorandum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2020-29 / 2020-12 Rev 3			
	Section 20106 (Title 10 Guam Code Annotated, Chapter 20) authorizes Department of Public Health & Social Services to conduct inspections of all public and private grounds, buildings, & other places to enforce & order the immediate abatement of the public nuisance. Businesses that fail to comply with applicable & current Executive Orders and/or Public Health Guidances shall be deemed a public nuisance under Chapter 20, Title 10, of the Guam Code Annotated which are misdemeanors, if found guilty.			
	Observations/Findings: <input type="checkbox"/> None			
	*NORMAL OCCUPANCY: 98 inside, 30 outside. observed operating w/in 50% capacity as directed by Executive orders and guidances.			

YOU ARE HEREBY GIVEN _____ DAYS **48** HOURS TO CORRECT THE ABOVE CITED PROBLEMS.
YOUR PROPERTY WILL BE REINSPECTED ON OR ABOUT **N/A** (DATE)

RECEIVED BY (Print & Sign):

Cory Foles

Imy Fanning

08-15-2020

DEH INSPECTOR (Print & Sign):

T. SHIMIZU

PHOT

J. ALVAREZ 8/15/20



GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



COMPLIANCE CHECKLIST FOR EATING AND DRINKING ESTABLISHMENTS
BASED ON EXECUTIVE ORDER 2020-20, 2020-16, 2020-14,
DPHSS GUIDANCE MEMO 2020-07 and 2020-12

Name of Establishment: Carabao Brewing Company Name: Guam Brewing Co. Inc.
Location: 140 Aspinall Ave Ste 101 Hagatna Guam

Item No.	Criteria	Comments	In Compliance with Executive Order and Industry Guidance	
	General Requirements			
1	Has a <u>written</u> policy and procedures for COVID-19 prevention and control measures prior to re-opening, which address the following:		<u>Yes</u>	No
	a. Employee health, to include having a plan in place if someone is or becomes sick		<u>Yes</u>	No
	b. Cleaning/sanitizing procedures		<u>Yes</u>	No
	c. Social distancing and other protective measures		<u>Yes</u>	No
2	Operates at no more than the authorized occupancy rate		<u>Yes</u>	No
3	Prohibits the use of high touch items such as food trays		<u>Yes</u>	No
4	Prohibits the operation of salad bars, buffets, and/or self-service operations		<u>Yes</u>	No
5	Follows the requirement of the Guam Food Code that also applies to COVID-19 mitigation:		<u>Yes</u>	No
	a. Prohibiting sick employees in the workplace		<u>Yes</u>	No
	b. Strict handwashing practices, to include when and how		<u>Yes</u>	No
	c. Strong procedures and practices to clean and sanitize surfaces		<u>Yes</u>	No
	d. PIC is on site and is a certified food manager		<u>Yes</u>	No
	Employee Health			
6	Screens employees and patrons before entering the facility		<u>Yes</u>	No
7	Possesses adequate supplies to support healthy hygienic behaviors		<u>Yes</u>	No
8	Posted signage for employees and patrons on good hygiene and sanitation practices		<u>Yes</u>	No
	Cleaning and Disinfection			
9	Has a cleaning and disinfection procedures and schedule in place for common areas, highly touch surfaces, and the entire establishment		<u>Yes</u>	No
10	Possesses adequate cleaning and disinfection products and PPE to perform enhanced cleaning/disinfection		<u>Yes</u>	No
11	Follows CDC's cleaning and disinfecting guidelines		<u>Yes</u>	No
	Ventilation			
12	Maximizes fresh air through use of existing ventilation system		<u>Yes</u>	No
13	Minimizes air from fans blowing from one person directly at another individual		<u>Yes</u>	No

Social Distancing and Other Protective Measures			
14	Implements social distancing of at least 6 feet and <u>posting</u> of appropriate signage	No evidence of signage	Yes <input checked="" type="radio"/> No
15	Posted signage at entrance stating that no one with COVID-19 symptoms is permitted inside		<input checked="" type="radio"/> Yes No
16	Appropriate physical barriers are in place for cafeteria style dining and booth seating	N/A	Yes No
17	For congregations or social gatherings:		
	a. Total number of people, including employees, do not exceed the capacity permitted in the most recent E.O. (including ballroom and private rooms)		<input checked="" type="radio"/> Yes No
	b. Total number of people in each party do not exceed the number allowed for congregations or social gatherings in most recent E.O.		<input checked="" type="radio"/> Yes No
18	Mandating the wearing of face mask		<input checked="" type="radio"/> Yes No

RECEIVED BY (Name and Title)	DATE
Corey Fabos . FOH Manager <i>Corey Fabos</i>	8/15/2020
DEH INSPECTOR (Name and Title)	DATE
T. SHIMIZU EPHO I <i>T. Shimizu</i>	8/15/2020

J. Almandres op 8/15/20

Start 7:45 pm